

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Northern District of Georgia

In re Southern Pain Institute, P.C.,
Debtor

Case No. 15-11593-WHD

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: December 2017

Date filed: _____

Line of Business: Medical Practice

NAISC Code: 621111

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

John A. Thomson, Jr., Chapter 11 Trustee

Printed Name of Responsible Party

Questionnaire: *(All questions to be answered on behalf of the debtor.)*

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- | | | |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

1) See Footnote 1 for information on Tax Returns.

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 30,000.11

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 18,409.50

Cash on Hand at End of Month \$ 46,011.34

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 46,011.34

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 2,398.27

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 30,000.11

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 2,398.27

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH \$ 27,601.84

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ 0.00

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ 150,000.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>9</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>151,652.66</u>
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ <u>0.00</u>
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ <u>1,500.00</u>
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B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 30,000.00	\$ 30,000.11	\$ 0.11
EXPENSES	\$ 2,500.00	\$ 2,398.27	\$ 101.73
CASH PROFIT	\$ 27,500.04	\$ 27,601.84	\$ 101.84

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 50.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 42,500.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ -41,450.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

- 1) The Trustee timely filed the 2016 Corporate Tax Return for the Debtor on September 13, 2017.
- 2) Service Charge reflected on the DCCU Operating Account, which was due to misapplication of funds, reversed on November 16, 2017.
- 3) Negative balance due to error in transferring funds necessary to keep depository account and merchant processing active. Deficiency cured, and service charges reversed, November 16, 2017.
- 4) The projected profit of -\$2400.00 on the November, 2017 Monthly Operating Report was not correctly calculated.

THE ESTATE OF SOUTHERN PAIN INSTITUTE, P.C.

BALANCE SHEET AS OF DECEMBER 31, 2017

ASSETS

CURRENT ASSETS

BANK ACCOUNTS

CTB OPERATING	\$44,827.56
DCCU OPERATING	\$1,178.75 ³
CTB PAYROLL	\$0.00
CTB TAX ESCROW	\$0.00
DCCU SAVINGS	\$5.03
TOTAL BANK ACCOUNTS	\$46,011.34

OTHER CURRENT ASSETS

ESTIMATED ACCOUNTS RECEIVABLE	\$150,000.00
LITIGATION/AVOIDANCE CLAIMS	\$35,000.00
TOTAL OTHER CURRENT ASSETS	\$185,000.00
TOTAL CURRENT ASSETS	
FIXED ASSETS	\$0.00

TOTAL ASSETS **\$416,011.34**

LIABILITIES

CURRENT LIABILITIES

AD VALOREM TAX CLAIMS \$74,311.18

GENERAL UNSECURED CLAIMS \$597,658.00

TOTAL CURRENT LIABILITIES \$671,969.18

LONG TERM LIABILITIES

REGIONS LOAN #96442 \$500,869.01

Elab SOLUTIONS \$125,207.00

HTA CAMP CREEK, LLC \$59,323.00

SNH MEDICAL PROPERTIES, LLC \$786,331.00

REGINA FALO \$27,863.00

CAN CAPITAL \$117,104.00

TOTAL LONG TERM LIABILITIES \$1,616,697.01

TOTAL LIABILITIES \$2,288,666.19

EQUITY

CAPITAL STOCK ISSUED \$100.00

TOTAL LIABILITIES \$2,288,666.19

CONTRA ESTIMATED ACCOUNTS RECEIVABLE \$150,000.00

CONTRA ESTIMATED LITIGATION/AVOIDANCE CLAIMS \$35,000.00

TOTAL EQUITY -\$2,103,566.19

EXHIBIT C-1

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: Southern Pain Institute, PC
Case Number: 15-11593-WHD
Reporting Period beginning December 1, 2017 and ending December 31, 2017.

NAME OF BANK: Citizens Trust Bank
BRANCH: Atlanta Main Office
ACCOUNT NAME: DIP Operating Account
ACCOUNT NUMBER: 470053111
PURPOSE OF ACCOUNT: Operating Account for Expenses

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
<u>CHECKS UNCLEARED PER PRIOR REPORT</u>					
12/21/2017		Moore, Colson & Co.	Professional Fees	6,120.00	
12/21/2017		Cohen, Pollock, Merlin & Small	Professional Fees	5,880.00	
12/27/2017		Moore, Colson & Co.	Professional Fees	15,300.00	
12/27/2017		Cohen, Pollock, Merlin & Small	Professional Fees	14,700.00	
				<u>42,000.00</u>	
<u>CHECKS CLEARED AND ISSUED CURRENT MONTH</u>					
12/5/2017		U.S. Trustee	Quarterly Fees	1,959.27	
				<u>1,959.27</u>	
<u>WIRES/ACCOUNT TRANSFERS</u>					
		None		<u>0.00</u>	
<u>BANK FEES/ACH</u>					
12/7/2017		ADP Advance MD	Dues and Subscriptions	421.00	
12/26/2017		Wire Transfer Fee		18.00	
				<u>439.00</u>	
Total Disbursements				44,398.27	

The Estate of Southern Pain Institute, PC

Reconciliation Report

CTB Operating Account, Period Ending 12/31/2017

Reconciled as of December 31, 2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

Summary

Statement Beginning Balance	\$17,225.83
Checks and Payments cleared	\$2,398.27
Deposits and Other Credits cleared	\$30,000.00
Statement Ending Balance	\$44,827.56
Uncleared Transactions as of 12/31/2017	\$42,000.00
Register Balance as of 12/31/17	\$2,827.56

Details

Deposits and Other Credits cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
12/26/17	Wire Transfer		Jones & Walden, LLC	\$30,000.00
Total				\$30,000.00

Checks and Payments cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
12/05/17	Quarterly Fees		U.S. Trustee	-\$1,959.27
12/07/17	Expense		ADP Advance MD	-\$421.00
12/26/17	Wire Transfer Fee			-\$18.00
Total				-\$2,398.27

Uncleared Transactions

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
12/21/17	Professional Fees		Moore, Colson & Co.	-\$6,120.00
12/21/17	Professional Fees		Cohen, Pollock, Merlin & Small	-\$5,880.00
12/27/17	Professional Fees		Moore, Colson & Co.	-\$15,300.00
12/27/17	Professional Fees		Cohen, Pollock, Merlin & Small	-\$14,700.00
Total				-\$42,000.00



CITIZENS TRUST BANK
A relationship you can bank on

ACCOUNT: 470053111 PAGE: 1
DOCUMENTS: 1 12/29/2017

*****EXCLUDE-Email
3848 0.5285 EX 0.000 11 3 1231
Southern Pain Institute
DTP Operating Account
1930 West Wesley Rd NW
Atlanta GA 30327

30
0
1

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Your satisfaction is our TOP priority. Account Access whenever you like:
Citizens Trust Bank Online Banking - Your 24/7 access to account info;
Paperless Statements eStatements Login Online to Enroll today;
Mobile, Text Banking and more Download CTB Mobile App. Bank on the go.
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SMALL BUSINESS CHECKING ACCOUNT 470053111

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MINIMUM BALANCE	14,845.56	LAST STATEMENT 11/30/17	17,225.83
		1 CREDITS	30,000.00
		3 DEBITS	2,398.27
		THIS STATEMENT 12/29/17	44,827.56

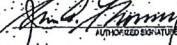
- - - - - OTHER CREDITS - - - - -		
DESCRIPTION	DATE	AMOUNT
Incoming Wire 26933410 JONES & WALDEN, LLC	12/26	30,000.00

- - - - - CHECKS - - - - -					
CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT			
1642 12/05 1,959.27					

- - - - - OTHER DEBITS - - - - -		
DESCRIPTION	DATE	AMOUNT
ADVANCEDMD DD 12.7.17 34466676	12/08	421.00
Wire Transfer Fee 26933410	12/26	18.00

- - - - - DAILY BALANCE - - - - -					
DATE.....BALANCE	DATE.....BALANCE	DATE.....BALANCE			
12/05 15,266.56	12/08 14,845.56	12/26 44,827.56			

 SOUTHERN BANK NOTE CO-INC
U.S. Operating Account
1915 W Highway 84, #100
Wrestling, GA 30268
Mr Co #15-11593-DPQD

PAY TO THE ORDER OF

Office of the United States Trustee
One Thousand Nine Hundred Fifty Nine and 27/100 DOLLARS

MEMO United States Trustee Fees
4Q2016 - 3Q2017
#001642M 406 1010220K 0470053111F

Chinese Trust Bank
78 Piedmont Ave NE
Atlanta, GA 30303
64-10221910

1642

1642

12/05/17

\$1959.27

0410-3601-7<
US TREAS DG-ECP
20171204

For
deposit only

1642

12/05/17

\$1959.27

EXHIBIT C-2

CHECK REGISTER - DEPOSITORY ACCOUNT

Name of Debtor: Southern Pain Institute, PC
Case Number: 15-11593-WHD
Reporting Period beginning December 1, 2017 and ending December 31, 2017.

NAME OF BANK: Delta Community Credit Union
BRANCH: Peachtree City
ACCOUNT NAME: DEPOSITORY
ACCOUNT NUMBER: 0880059430
PURPOSE OF ACCOUNT: DEPOSITORY

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>	None		<u>0.00</u>	
	<u>WIRES</u>	None		<u>0.00</u>	
	<u>Bank Fees / ACHs</u>	None		<u>0.00</u>	
Total Disbursements				0.00	

The Estate of Southern Pain Institute, PC

Reconciliation Report

DCCU Operating Account, Period Ending 12/31/2017

Reconciled as of December 30, 2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

Summary

Statement Beginning Balance	\$1,178.64
Checks and Payments cleared	\$0.00
Deposits and Other Credits cleared	\$0.11
Statement Ending Balance	\$1,178.75
Uncleared Transactions as of 12/31/2017	\$0.00
Register Balance as of 12/31/17	\$1,178.75

Details

Checks and Payments cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
Total				

Deposits and Other Credits Cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
12/31/17	Deposit Dividend			\$0.11
Total				\$0.11

SEND INQUIRIES TO:



P.O. Box 20541 Atlanta, GA 30320-2541
www.DeltaCommunityCU.com

ACCOUNTS ARE NON-TRANSFERABLE EXCEPT ON THE BOOKS OF THIS CREDIT UNION.

SOUTHERN PAIN INSTITUTE PC
1930 W WESLEY RD NW
ATLANTA GA 30327

THE FINANCE CHARGE for an open-end loan is computed by applying the periodic rate to each unpaid balance for the exact number of days each balance was outstanding. The balance used to compute the FINANCE CHARGE is that balance each day after credits are subtracted and new advances or other charges are added.

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC TRANSFER ERRORS.

ACCOUNT NUMBER	0880059430	
STATEMENT PERIOD	FROM 12/01/17	THRU 12/31/17
DIRECT INQUIRIES TO:	404-715-4725 or 1-800-544-3328	
AUDIOLINE	404-715-4627 or 1-800-334-7536	
PAGE	1	

**DEBITS: New Loans, Refinanced Loans, Add-Ons or Principal Reversal.

Posting Date	Effective Date	Transaction Description	Payment, Credits Or Debits**	FINANCE CHARGE	Fees or Charges	Transaction Amount	NEW BALANCE
		Joint Owners: SOUTHERN PAIN INSTITUTE PC DBA PARISH PHARMACY					
12/01	ID 0001	BUSINESS SAVINGS Balance Forward					5.03
		Joint Owner: JOHN A THOMSON					
12/31		Ending Balance					5.03
		Dividends Paid Year to Date				0.03	
12/01	ID 0070	BUSINESS CHECKING 4430518 Balance Forward					1178.64
		Joint Owner: JOHN A THOMSON					
12/31		Deposit Dividend 0.100%				0.11	1178.75
		Annual Percentage Yield Earned 0.11% from 12/01/17 through 12/31/17					
		Based on Average Daily Balance of 1,178.64					
12/31		Ending Balance					1178.75
		Dividends Paid Year to Date				3.08	

			Total For	Total Year-			
			This Period	to-Date			

		Total Returned Item Fees		0.00	70.00		

		Total Overdraft Fees		0.00	0.00		

		Total Dividends Paid Year to Date				3.11	

Did you know Delta Community's Interactive Voice Response (IVR) Line allows for faster and even more secure self-servicing when you have a Telephone PIN set up on your account? It's true! The 4-digit IVR Telephone PIN can easily be established in Online Banking (under the Account Management tab) or in our Mobile App. Soon, our IVR line will require the 4-digit IVR PIN for all account management. Set up your PIN today or learn more at DeltaCommunityCU.com/IVR.

EXHIBIT C-3

CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: Southern Pain Institute, PC
Case Number: 15-11593-WHD
Reporting Period beginning December 1, 2017 and ending December 31, 2017. [Account Closed 5/31/17]

NAME OF BANK: Citizens Trust Bank
BRANCH: Atlanta Main Office
ACCOUNT NAME: Payroll Account
ACCOUNT NUMBER: 470053108
PURPOSE OF ACCOUNT: Payroll Expenses

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>	None		0.00	
	<u>WIRES</u>	None		0.00	
	<u>Bank Fees / ACHs</u>			0.00	
Total Disbursements				0.00	

EXHIBIT C-4

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: Southern Pain Institute, PC
Case Number: 15-11593-WHD
Reporting Period beginning December 1, 2017 and ending December 31, 2017. [Account Closed 4/30/17]

NAME OF BANK: Citizens Trust Bank
BRANCH: Atlanta Main Office
ACCOUNT NAME: DIP Escrow Tax Account
ACCOUNT NUMBER: 470053108
PURPOSE OF ACCOUNT: Bankruptcy Tax Escrow Account

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>	None		<u>0.00</u>	
	<u>WIRES</u>	None		<u>0.00</u>	
	<u>Bank Fees / ACHs</u>			<u>0.00</u>	
Total Disbursements				<u>0.00</u>	(d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid	<u> </u>	(a)
Sales & Use Taxes Paid	<u> </u>	(b)
Other Taxes Paid	<u> </u>	(c)
TOTAL	<u> </u>	(d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).
(b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).
(c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).
(d) These two lines must be equal.

EXHIBIT C-5

REGISTER - SAVINGS ACCOUNT

Name of Debtor: Southern Pain Institute, PC
Case Number: 15-11593-WHD
Reporting Period beginning December 1, 2017 and ending December 31, 2017.

NAME OF BANK: Delta Community Credit Union
BRANCH: Peachtree City
ACCOUNT NAME: DEPOSITORY
ACCOUNT NUMBER: 0880059430
PURPOSE OF ACCOUNT: SAVINGS

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>				
		None		<u>0.00</u>	
	<u>WIRES</u>				
		None		<u>0.00</u>	
	<u>Bank Fees / ACHs</u>				
		None		<u>0.00</u>	
Total Disbursements				0.00	

The Estate of Southern Pain Institute, PC

Reconciliation Report

DCCU Savings Account, Period Ending 12/31/2017

Reconciled as of December 31, 2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

Summary

Statement Beginning Balance	\$5.03
Checks and Payments cleared	\$0.00
Deposits and Other Credits cleared	\$0.00
Statement Ending Balance	\$5.03
Register Balance as of 12/31/17	\$5.03

SEND INQUIRIES TO:



P.O. Box 20541 Atlanta, GA 30320-2541
www.DeltaCommunityCU.com

ACCOUNTS ARE NON-TRANSFERABLE EXCEPT ON THE BOOKS OF THIS CREDIT UNION.

SOUTHERN PAIN INSTITUTE PC
1930 W WESLEY RD NW
ATLANTA GA 30327

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NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC TRANSFER ERRORS.

ACCOUNT NUMBER	0880059430	
STATEMENT PERIOD	FROM 12/01/17	THRU 12/31/17
DIRECT INQUIRIES TO:	404-715-4725 or 1-800-544-3328	
AUDIOLINE	404-715-4627 or 1-800-334-7536	
PAGE	1	

**DEBITS: New Loans, Refinanced Loans, Add-Ons or Principal Reversal.

Posting Date	Effective Date	Transaction Description	Payment, Credits Or Debits**	FINANCE CHARGE	Fees or Charges	Transaction Amount	NEW BALANCE
		Joint Owners: SOUTHERN PAIN INSTITUTE PC DBA PARISH PHARMACY					
12/01	ID 0001	BUSINESS SAVINGS Balance Forward					5.03
		Joint Owner: JOHN A THOMSON					
12/31		Ending Balance					5.03
		Dividends Paid Year to Date				0.03	
12/01	ID 0070	BUSINESS CHECKING 4430518 Balance Forward					1178.64
		Joint Owner: JOHN A THOMSON					
12/31		Deposit Dividend 0.100%				0.11	1178.75
		Annual Percentage Yield Earned 0.11% from 12/01/17 through 12/31/17					
		Based on Average Daily Balance of 1,178.64					
12/31		Ending Balance					1178.75
		Dividends Paid Year to Date				3.08	
-----				Total For This Period	Total Year-to-Date		
Total Returned Item Fees				0.00	70.00		
Total Overdraft Fees				0.00	0.00		

		Total Dividends Paid Year to Date				3.11	

Did you know Delta Community's Interactive Voice Response (IVR) Line allows for faster and even more secure self-servicing when you have a Telephone PIN set up on your account? It's true! The 4-digit IVR Telephone PIN can easily be established in Online Banking (under the Account Management tab) or in our Mobile App. Soon, our IVR line will require the 4-digit IVR PIN for all account management. Set up your PIN today or learn more at DeltaCommunityCU.com/IVR.